

Healthier Communities Select Committee		
Title	Health and adult social care integration – scoping report	
Contributor	Scrutiny Manager	Item 7
Class	Part 1 (open)	18 May 2016

1. Purpose

At its meeting on 19 April 2016, when deciding its work programme for 2016/17, the Committee agreed to hold an in-depth review into the integration of health and adult social care.

This paper sets out the rationale for the review, provides some background information about the integration of adult health and social care, nationally as well as in Lewisham, and suggests some key lines of enquiry for the review.

2. Recommendations

The Select Committee is asked to:

- Note the content of the report
- Consider and agree the proposed key lines of enquiry and timetable for the review – set out in sections 8 and 9.

3. Background

Ever since the creation of the NHS in 1948, the health and social care systems have remained separate – with healthcare provided by the NHS, free at the point of use, and social care provided by local authorities and means-tested.¹

But given the ageing population – and increasing number of people living with long-term health problems requiring a range of health and social care services – there is a broad consensus among policymakers that a more joined-up approach is needed.

“The traditional divide between primary care, community services and hospitals – largely unaltered since the birth of the NHS – is increasingly a barrier to the personalised and coordinated health services patients need.” – NHS, [Five-year forward view](#)

So what does the integration of health and social care actually mean? There are many different models and definitions but, in essence, it is about local health and social care providers working together at all levels, looking at *all* of someone’s health and care needs and designing joined-up services around these.

¹ House of Commons Library, [Integrating health and social care](#), May 2015

Supporters claim that providing more joined-up services, based around a person's needs and in the community, can help people to stay well and live independently for longer. This, in turn, can help save money by preventing unnecessary hospital admissions and help people re-adapt to life at home quicker after a stay in hospital.

Greater health and social care integration has been a policy goal of successive UK governments, but commentators have noted that progress has been slow and that integrated care remains the exception rather than the norm.² Some commentators also have queried – given that adult social care is means-tested and health care is free at the point of use – where, in an integrated system, do you decide where one ends the other starts?³

Lewisham Council and Lewisham CCG have agreed to be a devolution pilot to assist with the wider understanding of how devolution to London might work. Lewisham is bringing forward a case for change to test and explore whether being given greater local freedoms in a few areas, including estates and workforce, could help deliver health and social care integration more quickly and/or more effectively across London. The Chief Officer of the CCG and the Executive Director for Community Services are members of the London pilot sub-group and have been sharing experiences and ideas with others to help inform Lewisham's case for change.

There has been some concern expressed through the media about the principle of a national health service in the context of devolution, and the “medicalisation” of social care.

4. Policy context

In recent years, both the Government and NHS have introduced several policy initiatives relating to the integration of health and social care.

As well as introducing a number of statutory duties to encourage integrated working,⁴ in June 2013, the Government also set up a pooled budget of existing local government and NHS money called the Better Care Fund.

The Better Care Fund currently stands at a total of £5.3bn.⁵ To access the funding, local areas must set out how they will meet certain conditions – for example, how they will prevent

Integration across the UK:

Northern Ireland has had integrated health and social care services since 1973.

Scotland introduced legislation in 2014 to integrate health and social care functions and budgets of NHS boards and Local Authorities.

Wales has introduced frameworks for integration and introduced legislation in 2015 requiring local authorities and NHS bodies to enter formal partnership arrangements.

England has passed legislation to encourage integration and introduced a number of policies including the Better Care Fund and devolution.

Source: BMA website

² The King's Fund (webpage), [How far has the government gone towards integrating care?](#), 8 April 2015

³ [Greater Manchester: The start of something big?](#), BBC, 25 February 2015

⁴ *Health and Social Care Act 2012, Care Act 2014*

unnecessary hospital admissions, and how they will improve information sharing between health and social care.

The Better Care Fund is intended to incentivise local health and care systems to work more collaboratively when commissioning and providing health and social care services. It is not new or additional funding – it is drawn from existing CCG and LA funding allocations. It is hoped that by refocusing these resources into social and community care services, local areas will be able to provide better care and support to older people and people with long-term conditions.

Local areas submitted their final Better Care Fund plans in April 2016.

Also in 2013, NHS England (and national partners) published a “framework document” on integration – setting out how local areas could use existing structures to take further steps towards integration.⁶ NHS England asked local areas to express an interest in trying out new ways of working across their local health and social care systems – in exchange for practical and technical support from the national partners.⁷

Greenwich integrated care pioneer

Teams of nurses, social workers, occupational therapists and physiotherapists work together to provide a multidisciplinary response to emergencies in the community that require a response within 24 hours.

Over 2,000 patient admissions were avoided due to immediate intervention from the Joint Emergency Team (JET). There were no delayed discharges for patients over 65 and over £1m has been saved from the social care budget.

Source: NHS

Fourteen “integrated care pioneers” were set up in 2013, and a further eleven in 2015.⁸ The programme is expected to run for five years. (Lewisham is not one of the pioneers.)

In January 2016, NHS England published an assessment of the second year of the integrated care pioneers programme, and set out its priorities for 2016-17. These included growing successful projects and making system changes to underpin these.⁹

In October 2014, NHS England published a five-year plan for the health service called the “Five Year Forward View”.¹⁰ This set out the challenges the NHS is facing – including a funding gap of £30 billion – and put forward a number of new models of care to help save £22bn by 2020.

NHS England said the new models of care would bring local health and social care service closer together – and could include things like GP practices offering hospital services, hospitals providing care direct to care homes, and specialists holding clinics in local surgeries.

⁵ Local Government Association (webpage), [About the Better Care Fund](#), accessed May 2016

⁶ NHS England et al, [Integrated Care: Our Shared Commitment](#), May 2013

⁷ NHS England (webpage), [Pioneer Support Programme](#), accessed May 2016

⁸ NHS England (webpage), [About the pioneers](#), accessed May 2016

⁹ NHS England, [People helping people: Year two of the pioneer programme](#), January 2016

¹⁰ NHS England, [Five Year Forward View](#), October 2014

NHS England said that the new care models would, among other things, lead to fewer trips to hospital and give people one point of call for a range of health and social care services.¹¹

The GP super-practice - Whitstable Medical Practice, in Kent, offers traditional GP services alongside a host of services more associated with hospitals. It runs maternity services, a minor injury unit with X-ray facilities and dedicated diabetes, heart disease and asthma clinics as well as diagnostics and minor surgery.

Source: BBC

Working with care homes – Nurses and doctors from Airedale Hospital in West Yorkshire have set up video link-ups with local care homes. It allows consultations to take place with residents on everything from cuts and bumps to diabetes management. Emergency admissions from these homes have reduced by 35% and A&E attendances by 53%.

Source: BBC

Soon after, in January 2015, NHS England invited local areas to apply to become ‘vanguard’ areas – working with national partners to test and develop to the new care models. NHS England said the new models would act as the blueprints for the better integration of health and social care across the country.¹²

The first 29 vanguards were announced in March 2015 – by September a total of 50 had been established. (Lewisham is not one of the vanguards.) The new integrated care models include:¹³

- **Integrated primary and acute care system vanguards** – which will join up GP, hospital, community and mental health services
- **Enhanced health in care homes** – which will offer older people better, joined up health, care and rehabilitation services.
- **Multispecialty community provider vanguards** – which will move specialist care out of hospitals into the community

“... the vanguards will develop local health and care services to keep people well, bring home care, mental health and community nursing, GP services and hospitals together for the first time since 1948.”

Source: NHS

In November 2015, the Government announced that it would require all parts of the country to fully integrate health and care by 2020, and to develop a plan to achieve this by 2017.¹⁴

In December 2015, NHS England asked every local health and care system to work together to produce a plan (known as a sustainability and transformation plan) setting out how local services would integrate and become sustainable by 2020.¹⁵

NHS England said that planning by place for local populations would increasingly supplement planning by individual institutions. It said that each plan should cover the full

¹¹ NHS England (webpage), [New care models – vanguard sites](#), accessed May 2016

¹² NHS England (webpage), [New care models – vanguard sites](#), accessed May 2016

¹³ NHS England (webpage), [New care models – vanguard sites](#), accessed May 2016

¹⁴ HM Treasury, [Spending review 2015](#), November 2015

¹⁵ NHS England (webpage), [Sustainability and Transformation Plans](#), accessed May 2016

range of health services within a specified geographic area (called a “footprint”) – including better integration with local authority services.¹⁶

Sustainability and transformation plans will be the basis for accessing extra funding in 2016/17 and attracting additional national investment for 2017/18 to 2020/21.¹⁷ NHS England has established a sustainability and transformation fund of £2.1bn for 2016/17, rising to £2.9bn in 2017/18 and £3.4bn in 2020/21.¹⁸ 44 footprints have been identified and full plans are to be submitted in June 2016.¹⁹ A Sustainability and Transformation Plan for SE London is being developed which will include Lewisham.

5. Recent analysis

A recent analysis of a range of integrated care models around the country identified some of the important characteristics (or “key enablers”) necessary for effective integration. The report noted that the level of impact achieved in the models it studied was closely related to whether or not any changes were made in certain key areas: information management, payment models and governance. The report also noted, however, that there is no “silver bullet” and that transformational change will realistically take a journey of close to a decade.

The headline findings of the report included:²⁰

- **An essential starting point is a shared vision and commitment from a leadership coalition.** There is a clear requirement to have a strong leadership coalition, with clinical and managerial leaders empowered across the system.
- **The flow of information is an essential pre-requisite to make change happen and must be taken out of the ‘too difficult’ box.** There are no policy constraints that prevent putting in place the essential requirements for information governance to permit the free flow of information.
- **Changes in payment need to be made to fund direct costs of changes in care and change incentives for organisations.** This is, perhaps, the most disappointing and underpowered area of integration in England. It is obvious that care cannot change without the resources to deliver it.
- **Changes in governance are essential to allow change to happen but form must follow function.** At the outset, what is required is a leadership coalition dedicated to a common purpose that makes joint commitments and resourcing decisions.

¹⁶ NHS England, *Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21*, Dec 2015

¹⁷ Local Government Association (webpage), *What are STPs?*, accessed May 2016

¹⁸ *Health and care bodies reveal the map that will transform healthcare in England*, NHS England, 15 March 2015

¹⁹ The King’s Fund (webpage), *Tracking the development of sustainability and transformation plans in England*, accessed May 2016

²⁰ Local Government Association, *The journey to integration Learning from seven leading localities*, April 2016

Further recent analysis of the evidence around health and social care integration has also identified several other “essential components” of effective integration. These include:²¹

- **a population-based approach**, including early identification and coordinated support to individuals who may be at risk of developing long-term conditions
- **information sharing** that supports the delivery of integrated care, especially via the electronic record, decision support systems, systems to identify and target ‘at risk’ patients at an early stage
- **effective shared leadership** at all levels with a focus on continuous improvement of quality and outcomes
- **aligning financial incentives** - Current NHS payment mechanisms are poorly designed for integrated care pathways that go across health and social care
- **enabling shared accountability** - At present, different parts of the system are working to different outcomes frameworks and are held to account by different national bodies and regulators.

Torbay Care Trust – integrated health and social care teams use pooled budgets and work alongside GPs to provide a range of intermediate care services. By supporting hospital discharge, older people have been helped to live independently in the community. The results include reduced use of hospital beds, low rates of emergency admissions for those over 65, and minimal delayed transfers of care.

Source: The King’s Fund

In **Hereford**, an integrated care organisation based on eight health and social care neighbourhood teams is in development to support the personal health, well-being and independence of frail older people and those with chronic illnesses such as diabetes, stroke and lower back pain. Early successes include lower bed utilisation and reductions in delayed discharges from hospitals

Source: The King’s Fund

Research has also found that while there is “much evidence to show that greater integration and personalisation improves outcomes, the evidence that it delivers financial savings is still in its early stages and there is currently a lack of empirical evidence to show it will be more cost effective”.²²

²¹ The King’s Fund, *The evidence base for integrated care*, October 2011

²² Local Government Association, *All Together Now: Making integration happen*, April 2015, p6; King’s Fund (webpage) *Integrated health and social care in England: progress and prospects*, accessed May 2016

The Wigan Deal for Adult Social Care

In Wigan, up to 50% of activity in GP practices is socio-economic, not clinical – and 40% of Wigan residents at highest risk of unplanned hospital admission are adults of working age often with complex dependency on public services.²³

Wigan has made £100m savings since 2010 and needs to save a further £60m by 2018/19. Wigan Council said that this challenge requires a “fundamentally different relationship between residents in the borough and the council and other public services”:

The Deal

Our part

- Keep your Council Tax as one of the lowest
- Help communities to support each other
- Cut red tape and provide value for money
- Build services around you and your family
- Create opportunities for young people
- Support the local economy to grow
- Listen, be open, honest and friendly
- Believe in our borough

Signed *Pete Fair*
Lord Mayor of Wigan, Wigan Council

Your part

- Recycle more, recycle right
- Get involved in your community
- Get online
- Be healthy and be active
- Help protect children and the vulnerable
- Support your local businesses
- Have your say and tell us if we get it wrong
- Believe in our borough

Signed _____

Wigan Council Online | wigan council | @wigan council | wigan.gov.uk/thedeal

Source: Wigan Council website

As well as the over Deal, there is Deal for Adult Social Care. Wigan describes this as “a radical reimagining of how we work”, which involves having “different conversations” with residents to better understand individual strengths, gifts and talents, and connecting people with community solutions such as local community hubs, social groups or buddies.

The Live Well Team, for example, are a small team drawn together from different agencies and backgrounds. They are responsible for engaging with adults of working age with a complex dependency on public services. They talk to people about what they can do, rather than what they can't do, and help people to find more personalised care solutions in the community.

So far, Wigan has learnt, among other things, that: it can take time for staff from different agencies to “get it”, and relax from organisational pressures; we tend to label people based on our profession; our front doors are designed to keep people out; and the presenting issue is often not where the needs lie.²⁴

²³ Presentation supplied by Wigan Council, dated April 2016

²⁴ Presentation supplied by Wigan Council, dated April 2016

6. Health and social care integration in Lewisham

Lewisham set out its commitment to integrated care in its 2008-2020 sustainable community strategy, *Shaping our future*: “whether working to prevent hospitalisation, caring for people once they are in hospital or supporting people who have had treatment, health and care services in Lewisham need to be provided in an integrated and ‘seamless’ manner to ensure the best quality services and results”.²⁵

Lewisham reiterated its commitment to integration in its 2013 Health and wellbeing strategy, *Achieving a healthier and happier future for all*.²⁶ One of the strategies overarching aims is “to improve efficiency by improving the way services are delivered; streamlining pathways; integrating services so ensuring that services provide good quality and value for money.”

The strategy also states that in designing services to achieve its aims it will look to “promote integration and community based care – rearranging services in a way that provides the care and support people need, at the right time in the right place, and establishing neighbourhood-based delivery models where appropriate.”²⁷

In 2013, Lewisham established its Adult Integrated Care Programme, *Better Health, Better Care and Stronger Communities*. The programme is focused on transforming the way local health and care services are provided. Lewisham’s stated ambition is to have joined up and coordinated health and social care services for all adults by 2018. The programme is being led by the Adult Integrated Programme Board, whose members include representatives from Lewisham Council, Lewisham Clinical Commissioning Group, South London and Maudsley NHS Foundation Trust, Lewisham and Greenwich NHS Trust, and primary care.

In a recent report to the Health and Wellbeing board, the Executive Director for Community Services set out four priorities for the Adult Integrated Care Programme in 2016-17. These included: developing community health and care services as part of Neighbourhood Care Networks; to continue building Neighbourhood Care Networks in all four areas; to continue the redevelopment of admission avoidance and hospital discharge services; and to provide people with access to a range of health information, advice and support.²⁸

Lewisham and its people

292,000 residents

14.5% of residents are living with long-term conditions

9.5% of residents are over 65 (15.9% average in England)

11.8% of resident over 65 receive one of more type of social care service

Source: Local Account, JSNA

²⁵ Lewisham Council et al, *Shaping our future Lewisham’s Sustainable Community Strategy 2008-2020*, 2008

²⁶ Lewisham Council et al, *Achieving a healthier and happier future for all Health and wellbeing strategy*, December 2013

²⁷ Lewisham Council et al, *Achieving a healthier and happier future for all Health and wellbeing strategy*, December 2013

²⁸ *Adult Integrated Care Programme and the Better Care Fund*, report to the Health and Wellbeing Board, 29 March 2016

A further update on the Adult Integrated Care programme is being presented to members in a separate report to this Committee meeting.

Lewisham's 2015-16 annual report on adult social care reiterated the ambition to have joined up and coordinated health and social care services for all adults in Lewisham by 2018. It also reviewed progress made on Lewisham's previous objectives for adult social care. Lewisham's completed or started all of its objectives for 2014-15. Objectives completed included:²⁹

- **Developing an accessible and comprehensive website to improve access to information and advice:** The Health and Social Care website and directory of services is now live.
- **Identify people at risk of developing more complex health and care needs at an early stage:** Neighbourhood Team Coordinators are in place and are working with GPs to identify those who are at risk.
- **Ensure the Neighbourhood Teams connect to community health services and wider primary care teams:** Social care and district nursing staff are now organised into neighbourhood teams.
- **Improve outcomes for people receiving enablement, thus reducing the need for long-term care:** Of the 851 people who received enablement support, 522 needed no additional care or support in the 3 months after.

£81.5 million
total budget for adult
social care in 2014-15

33% spent on people with learning disabilities

35% spent on older people

The report also set out Lewisham's plans for 2016-17. These include:³⁰

- Closer working with GP practices, district nurses and other health services
- Work with local providers to develop services that promote independence
- Continue to play a key role in the wider integration and transformation of health and care in Lewisham.

²⁹ Lewisham Council, [Local Account for Adult Social Care 2015-2016](#), April 2016

³⁰ Lewisham Council, [Local Account for Adult Social Care 2015-2016](#), April 2016

7. Meeting the criteria for a review

A review into the integration of health and adult social care meets the criteria for carrying out a scrutiny review because:

- The issue affects a number of people living, working and studying in Lewisham
- The issue is strategic and significant
- This issue is of concern to partners, stakeholders and the community
- Scrutiny is likely to add value – Lewisham Council is currently developing the way it integrates and works with local partners to improve health and care outcomes. .

8. Key lines of enquiry

- The structure of the Adult Integrated Care Programme
- The priorities, activity and measures of success for the Adult Integrated Care Programme
- The current and planned extent of partnership working, including the voluntary and community sector
- Examples of best practice in integrated care from around the country

Review questions

How is the Adult Integrated Care Programme determining its priorities and areas for integration?

How is the programme involving local partners and maximising community assets?

How is the programme communicating and engaging with the public?

9. Timetable

The Committee is asked to consider the outline timetable for the review:

First evidence session - 13 September 2016

Representatives from the Adult Integrated Care Programme Board: plans, successes and challenges.

Second evidence session - 18 October 2016

Evidence from integrated care pioneer or vanguard areas nearby – for example, [Greenwich](#), [North West London](#), [Tower Hamlets](#), [Sutton](#).

Evidence from national bodies – for example, LGA, King's Fund, Nuffield Trust.

Third evidence session - 24 November 2016

Evidence from other local voluntary sector and expert partners – for example, Healthwatch, Voluntary Action Lewisham, Carers Lewisham, Lewisham Pensioners' Forum, Positive Ageing Council, GPs, [Pharmacies](#), service users/customers.

Report - 12 January

Committee will consider a final report presenting all the evidence and agree recommendations for submission to Mayor and Cabinet.

10. Further implications

At this stage there are no specific financial, legal, environmental or equalities implications to consider. However, each will be addressed as part of the review.

For further information please contact John Bardens, Scrutiny Manager, on 02083149976 or email john.bardens@lewisham.gov.uk.